


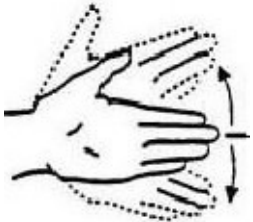
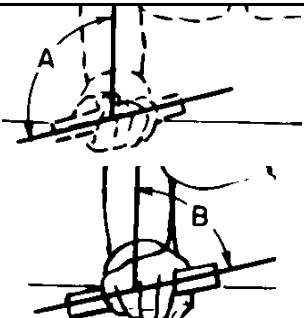


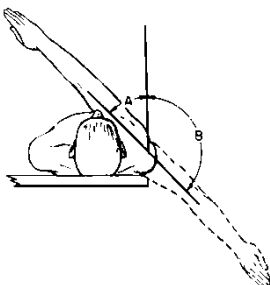



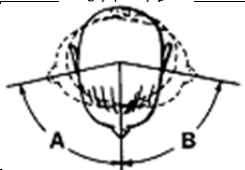
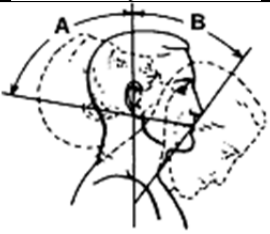

## COMPUTER WORKSTATION ERGONOMIC REVIEW

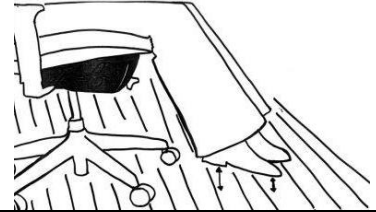
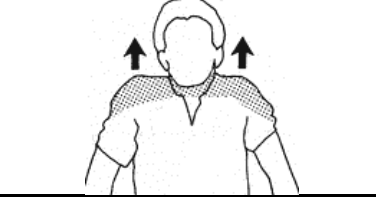

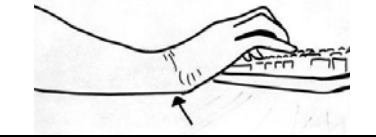

|                       |                  |
|-----------------------|------------------|
| Employee Name: _____  | Badge #: _____   |
| Date: _____           | Symptoms: _____  |
| Locations: _____      | Extension: _____ |
| Supervisor: _____     | Badge #: _____   |
| Evaluator Name: _____ | Badge #: _____   |

- Initial                     
  Medical Request                     
  Employee Request

### Part 1: RISK FACTOR ASSESSMENT

|   | Risk Factor                            | Yes | No | N/A | Source of problems/Notes | Corrected? |
|---|--|-----|----|-----|--------------------------|------------|
|   | Wrist Extension                        |     |    |     |                          |            |
|   | Wrist Flexion                          |     |    |     |                          |            |
|  | Radial Deviation (toward thumb)        |     |    |     |                          |            |
|   | Ulnar Deviation (toward little finger) |     |    |     |                          |            |
|  | Forearm Supination (A, out)            |     |    |     |                          |            |
|   | Forearm Pronation (B, in)              |     |    |     |                          |            |

|   |                                   |  |  |  |  |  |
|---|-----------------------------------|--|--|--|--|--|
|    | Shoulder/Elbow Adduction (A, in)  |  |  |  |  |  |
|   | Shoulder/Elbow Abduction (B, out) |  |  |  |  |  |
|    | Forward Reaching                  |  |  |  |  |  |
|    | Trunk Flexion (leaning forward)   |  |  |  |  |  |
|   | Trunk Rotation (twisting)         |  |  |  |  |  |
|  | Neck Rotation                     |  |  |  |  |  |
|  | Neck Flexion                      |  |  |  |  |  |
|   | Neck Extension                    |  |  |  |  |  |
|  | Neck Lateral Bend                 |  |  |  |  |  |

|  |                                   |            |           |            |                                     |                   |
|--|-----------------------------------|------------|-----------|------------|-------------------------------------|-------------------|
|    | Feet<br>Unsupported<br>(dangling) |            |           |            |                                     |                   |
|    | Shoulder<br>Shrugging             |            |           |            |                                     |                   |
| <b>CONTACT STRESS:</b>   | <b>Risk Factor</b>                | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Source of<br/>Problems/Notes</b> | <b>Corrected?</b> |
|    | Elbow/Forearm                     |            |           |            |                                     |                   |
|   | Wrist<br>Anchoring                |            |           |            |                                     |                   |
|  | Thigh/Knee<br>Crease              |            |           |            |                                     |                   |

**Part 2: WORKSTATION ASSESSMENT**

| <b>SEATING CONSIDERATIONS</b>                              | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Notes</b> | <b>Corrected?</b> |
|--|------------|-----------|------------|--------------|-------------------|
| Is the chair height adjustable?                            |            |           |            |              |                   |
| Is the seat pan depth adjustable?                          |            |           |            |              |                   |
| If fixed, is the depth appropriate?                        |            |           |            |              |                   |
| Is there an adjustable lumbar support?                     |            |           |            |              |                   |
| Is the backrest tension adjustable?                        |            |           |            |              |                   |
| Is the back lock engaged?                                  |            |           |            |              |                   |
| Does the backrest recline independently of the seat pan?   |            |           |            |              |                   |
| Are the armrests height-adjustable?                        |            |           |            |              |                   |
| Do the armrests have a sufficient range of adjustment?     |            |           |            |              |                   |
| Are the armrests sufficiently padded?                      |            |           |            |              |                   |
| <b>KEYBOARDING CONSIDERATIONS</b>                          |            |           |            |              |                   |
| <b>KEYBOARDING CONSIDERATIONS</b>                          | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Notes</b> | <b>Corrected?</b> |
| Is the keyboard support height-adjustable?                 |            |           |            |              |                   |
| Is the keyboard surface slope-adjustable?                  |            |           |            |              |                   |
| Does the keyboard support prevent positive tilt?           |            |           |            |              |                   |
| Are the keyboard and mouse slope independently adjustable? |            |           |            |              |                   |
| Is the mouse platform sufficiently                         |            |           |            |              |                   |

|   |            |           |            |              |                   |
|---|------------|-----------|------------|--------------|-------------------|
| sized?  |            |           |            |              |                   |
| Does the keyboard support allow for left or right handed mouse usage? |            |           |            |              |                   |
| Can the mouse platform extend above the numeric keypad?               |            |           |            |              |                   |
| Is there sufficient knee clearance?                                   |            |           |            |              |                   |
| Is the keyboard support sufficiently stable?                          |            |           |            |              |                   |
| <b>MONITOR PLACEMENT</b>  |            |           |            |              |                   |
|   | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Notes</b> | <b>Corrected?</b> |
| Is the monitor positioned at an appropriate height?                   |            |           |            |              |                   |
| Is the monitor positioned at an appropriate distance? (18-34")        |            |           |            |              |                   |
| Is the monitor aligned with the midline of the body?                  |            |           |            |              |                   |
| Is the monitor positioned at an appropriate angle?                    |            |           |            |              |                   |
| <b>INPUT DEVICE &amp; PLACEMENT</b>                                   |            |           |            |              |                   |
|   | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Notes</b> | <b>Corrected?</b> |
| Does the mouse encourage wrist anchoring, extension, or deviation?    |            |           |            |              |                   |
| Are the keyboard tabs (feet) being used?                              |            |           |            |              |                   |
| Is the keyboard spacebar centered with the midline of the body?       |            |           |            |              |                   |
| Is the mouse positioned close to the body?                            |            |           |            |              |                   |
| <b>LIGHTING &amp; GLARE CONSIDERATIONS</b>                            |            |           |            |              |                   |
|   | <b>YES</b> | <b>No</b> | <b>N/A</b> | <b>Notes</b> | <b>Corrected?</b> |
| Is there noticeable glare on the monitor or work surface?             |            |           |            |              |                   |

|  |            |           |            |              |                   |
|--|------------|-----------|------------|--------------|-------------------|
| Does the employee have individual control over the light level?  |            |           |            |              |                   |
| Is a task light being used?                                      |            |           |            |              |                   |
| Are the under-bin lights being used?                             |            |           |            |              |                   |
| <b>WORKSTATION DESIGN</b>  |            |           |            |              |                   |
|  | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Notes</b> | <b>Corrected?</b> |
| Is there sufficient storage?                                     |            |           |            |              |                   |
| Is there excessive clutter?                                      |            |           |            |              |                   |
| Is the phone within an arm's reach?                              |            |           |            |              |                   |
| Are the desk edges sharp?  |            |           |            |              |                   |
| Is there sufficient leg clearance?                               |            |           |            |              |                   |
| <b>DOCUMENT SUPPORT &amp; PLACEMENT</b>                          |            |           |            |              |                   |
|  | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Notes</b> | <b>Corrected?</b> |
| Are documents aligned with the midline of the body?              |            |           |            |              |                   |
| Is a document holder being used?                                 |            |           |            |              |                   |
| Is the document holder sufficient for the tasks being performed? |            |           |            |              |                   |

Comments:

Follow up Date:

Action Items Complete?  Yes  No